MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027637 STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3287 Registrar's No. 98

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 2 1963

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: R.R.#1 Excelsior Spr. — Length of stay in 1b: 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R.R.#1 Excelsior Spr. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: R.R.#1 Excelsior Spr. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Della Middle Gertrude Last HART

4. DATE OF DEATH: Month July Day 20 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-5-1891
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months 1 Days 15 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Paris, Ky.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ben. O Dincler
13b. MOTHER'S MAIDEN NAME: Alceona Burt
14. NAME OF HUSBAND OR WIFE: James M. Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs. Don Miller R.R.#1 Exc. Spr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gastric Ulcer — 4 months
DUE TO (c): Arteriosclerosis Senile — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile Progressive Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1962 to 7-20-63 and last saw her him alive on 7-12-63
Death occurred at [illegible] m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene Robertson DO
22b. ADDRESS: 116 East 4th Excelsior Springs, Mo.
22c. DATE SIGNED: 9/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 22/63
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Excelsior Springs Mo.

24. FUNERAL DIRECTOR ADDRESS: C. Virgil Hope 216 Spring St, Ex. Spgs.
25. DATE RECD. BY LOCAL REG.: 7-20-63
26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.